

## TELEFAX COVER SHEET

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TO: Commissioner of Patents  
FAX NO.: (571) 273-8300  
FROM: Kin-Wah Tong, Esq.  
DATE: December 7, 2005  
MATTER: U.S. Serial No.: 10/002,030 filed: October 26, 2001  
DOCKET NO.: ATT/2000-0588  
APPLICANT: KANG et al.

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<input checked="" type="checkbox"/> Petition for Extension of Time	<input checked="" type="checkbox"/> Transmittal Letter (2 copies)
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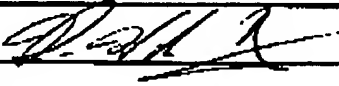
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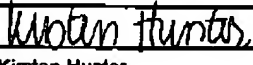
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/002,030
	Filing Date	October 28, 2001
	First Named Inventor	KANG et al.
	Art Unit	2655
	Examiner Name	Rivero, Minerva
Total Number of Pages in This Submission	Attorney Docket Number	ATT/2000-0588

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Certificate of Facsimile Transmission Request for Continued Examination (RCE)
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